ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 5 4-14 W |
| FORMALITY REVIEW | BD | 67368 | 4/29/00 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | ............................... Rejected | N | .................................. Non-elected |
| = | ............................... Allowed | I | .................................. Interference |
| − | (Through numeral)... Canceled | A | .................................. Appeal |
| ÷ | ............................... Restricted | O | .................................. Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)